

Social Security number

Estimated Tax Payment — 2006

Spouse's Social Security no.

→ If not					Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):	
correct, please see nstruc- tions.				Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):		
tions.					3. Amount of this installment tax worksheet): \$	t (from line 11 of estimated
					Check which form you plan Form 1 Full-Year Resident	Form 1-NR/PY Nonresident/Part-Year
Return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.				☐ Telefile ☐	Resident Nonresident Composite Return	
iviali to. wassachusetts bepartment of nevertue, PO Box 7007, Boston, WA 02204.						

Please verify all preprinted information. If incorrect, clearly make the change alongside or above the item. **Do not** make the original entry illegible.

Due date

Voucher

Note: You must make an entry in line 3.

Estimated tax for the year ending